

Group Reservation Worksheet

Date(s) Requested:		Time Block:	
School/Organ	nization:		
Group Leade	r/Contact:		
Mailing Add	ress:		
City/State/Zi	p:		
Phone:		Fax:	
Grade/Age:		Number In Group:	
Orientation/T	eacher Workshop:		
Rental:	Center Use of Wet Lab Use of E.E. Equipment E.E. Equipment Only	1/2 Day Yes Yes Yes	No No
Forms Sent:	Rental Agreement Form _	iter	
Date Forms S	Sent:		
Staff Taking	Reservation:		
Date:			
	_	ark:	
	up Have Any Special Needs/		